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FM AMEMBASSY HANOI
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INFO ASEAN REGIONAL FORUM COLLECTIVE
ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE
RHMFIUU/DEPT OF JUSTICE WASHINGTON DC
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RUEAUSA/DEPT OF HHS WASHINGTON DC
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RUEHAD/AMEMBASSY ABU DHABI
RUEHAH/AMEMBASSY ASHGABAT 0001
RUEHAN/AMEMBASSY ANTANANARIVO 0001
RUEHBJ/AMEMBASSY BEIJING 0053
RUEHBK/AMEMBASSY BANGKOK 0124
RUEHBP/AMEMBASSY BAMAKO 0001
RUEHBR/AMEMBASSY BRASILIA
RUEHC/USAID WASHDC 0002
RUEHCO/AMEMBASSY COTONOU 0001
RUEHDBU/AMEMBASSY DUSHANBE 0001
RUEHDJ/AMEMBASSY DJIBOUTI
RUEHDK/AMEMBASSY DAKAR 0001
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RUEHDS/AMEMBASSY ADDIS ABABA 0001
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RUEHGO/AMEMBASSY RANGOON 0044
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RUEHJA/AMEMBASSY JAKARTA 0002
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RUEHKB/AMEMBASSY BAKU 0001
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RUEHKI/AMEMBASSY KINSHASA 0001
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RUEHKT/AMEMBASSY KATHMANDU 0003
RUEHKV/AMEMBASSY KYIV 0001
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RUEHLGB/AMEMBASSY KIGALI 0001
RUEHLP/AMEMBASSY LA PAZ
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RUEHLU/AMEMBASSY LUANDA 0001
RUEHMB/AMEMBASSY MBABANE 0001
RUEHME/AMEMBASSY MEXICO 0001
RUEHML/AMEMBASSY MANILA 0041
RUEHMO/AMEMBASSY MOSCOW 0002
RUEHMR/AMEMBASSY MASERU 0001
RUEHMU/AMEMBASSY MANAGUA
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RUEHNE/AMEMBASSY NEW DELHI 0001
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RUEHNT/AMEMBASSY TASHKENT
RUEHOR/AMEMBASSY GABORONE 0001
RUEHOU/AMEMBASSY OUAGADOUGOU 0001
RUEHPE/AMEMBASSY LIMA
RUEHPF/AMEMBASSY PHNOM PENH 0023
RUEHPH/CDC ATLANTA GA
RUEHPU/AMEMBASSY PORT AU PRINCE
RUEHRY/AMEMBASSY CONAKRY 0001
RUEHSA/AMEMBASSY PRETORIA 0001
RUEHSB/AMEMBASSY HARARE 0001
RUEHSN/AMEMBASSY SAN SALVADOR
RUEHTG/AMEMBASSY TEGUCIGALPA 0001
RUEHTL/AMEMBASSY TALLINN
RUEHTO/AMEMBASSY MAPUTO 0001
RUEHUJA/AMEMBASSY ABUJA 0001
RUEHVN/AMEMBASSY VIENTIANE 0057
RUEHWD/AMEMBASSY WINDHOEK
RUEHYE/AMEMBASSY YEREVAN 0001
RUEHYN/AMEMBASSY SANAA 0001
RUEKJCS/SECDEF WASHINGTON DC

SENSITIVE

SIPDIS

STATE PASS TO OGAC

AMEMBASSIES PASS TO PEPFAR COORDINATORS, ESTH, CDC DIRECTORS, HEALTH ATTACHES,
AND AID HEALTH OFFICERS

HHS/OSSI/DSI PASS TO HHS/OGHA JMONAHAN, MABDOO, ACUMMINGS, CMCCLEAN), NIH/FIC RGLASS, SAMHSA

USAID FOR ANE CJENNINGS, AND GH GSTEELE, RCLAY

BANGKOK FOR USAID/RDM/A OCARDUNER, MSATIN, ATHWIN

CDC FOR COGH SBLOUT AND GAP, DTBE, MALARIA

E.O. 12958: N/A

TAGS: [TBIO](#) [SOCI](#) [EAID](#) [KWMN](#) [KHIV](#) [VM](#)

SUBJECT: (SBU) Applying Comments on the Draft Strategy of the
President's Global Health Initiative

REF: A. STATE 125761; B. HANOI 278

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SENSITIVE BUT UNCLASSIFIED

REF A. STATE 125761; B. HANOI 278

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¶1. (U) Summary. Embassy Hanoi??????s inter-agency health team
believes that the President??????s Global Health Initiative (PGHI)
principles will advance our health diplomacy efforts in Vietnam,
particularly PGHI??????s emphasis on health systems strengthening

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(HSS). Greater international coordination is needed around several
disease-specific global partnerships that are increasingly targeting
health systems strengthening, without any clear plan or policy for
how to bring it together at the country level. Country selection for

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PGHI participation should be based on established criteria with field
input. Harmonization of programmatic monitoring and evaluation is
one of the biggest challenges, and planners should address how
sectors outside of health affect PGHI success. With as much advance

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notice as possible, Post will need to work to ensure that government
of Vietnam (GVN) understands the effect of PGHI on existing programs
and what new resources are available, ahead of international
announcements. Tuberculosis is a critical public health issue in

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Vietnam and globally, which requires more emphasis. End Summary.

¶2. (SBU) Analysis and improved coordination of current programs under
existing USG initiatives as well as coordination among broader

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non-USG initiatives related to health is critical, looking for
opportunities to build and strengthen partnerships (REF A). Despite
the fact that the USG is a major donor to Global Alliance for
Vaccines and Immunizations, ?????GAVI????? has no obligation to

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report what it is doing in Vietnam to the U.S. Mission. In follow-up
to the recent GAVI Partners?????? Forum in Hanoi, the Western Pacific
Regional Office of the World Health Organization (WHO) hosted a
meeting on HSS in Manila, at the end of November. Hanoi??????s local

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WHO HIV technical officer attended and reported to Embassy staff on the importance of the meeting for overall coordination of HSS, and noted prominent participation by WHO, World Bank, and Global Fund, but not from USG.

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13. (SBU) Post strongly supports greater attention to HSS, but in our experience over the last two years, it is easier said than done. The World Health Organization's definition of six key areas provides

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some focus, but the definition of HSS and how to do still needs further clarification. At the end of the day, the challenge in Vietnam will be to develop focused strategies that make critical differences and ensure sustainability. With various disease-specific

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global health initiatives increasingly contributing directly to HSS, increased coordination internationally among both USG and other global initiatives is essential. The research base (especially operations research) and technical knowhow, especially with respect

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to measuring progress, to pull this off is lacking.

14. (SBU) Existing indicators should be the starting point, but previous attempts at harmonization have been challenging. One

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example driven by headquarters, establishing a monitoring and evaluation framework for influenza work, resulted in two different schemes, one by CDC and one by AID, which made it difficult for our multiagency health team to participate effectively in GVN's

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alignment of monitoring and evaluation across programs and donors. PGHI should also empower USG to seek better monitoring of funding and accountability within countries.

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15. (U) In the emerging economy of Vietnam, caught up in the throes of health sector reform, there is a strong need to recognize the importance of non-health sector factors and contributions to ensure health gains. For example, education and social services, which

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often have better access to affected communities than health providers, are often neglected as a fundamental part of any health development strategy. Further, one-size does not fit all. For example, Vietnam still has a localized HIV/AIDS epidemic, whereby

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persons who inject drugs are the core most-at-risk population driving transmission. Our PEPFAR strategy is necessarily different than a country with a generalized epidemic. PGHI should allow the field to drive health initiative planning, including by allowing for greater

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input when USG prepares government-wide interventions in international forums.

¶6. (SBU) Tuberculosis is a tremendous problem in Vietnam (REF B),

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arguably more so than HIV. In-country coordination for tuberculosis and HIV work, both within our PEPFAR framework and broader donor coordination circles, with the government has at times been challenging, despite the fact that tuberculosis and HIV are very

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closely linked epidemiologically. Such coordination challenges will be magnified when trying to bring together broader public health issues.

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¶7. (SBU) International announcements on the substance of the PGHI must be synchronized with communications strategies at the country level to the host government. Failure to do so will lead to confusion. This is especially important in a country such as Vietnam

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where 75 percent of USG resources are applied to health and disability development work and government-to-government cooperation.

Moreover, PGHI timelines and duration are important. If we are to change or add programs, we cannot expect immediate results. This is

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particularly true for initiatives that target capacity building at provincial, district, and local levels.

¶8. (SBU) Minimize Considered

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